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NURSING IN NEWFOUNDLAND.

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When I was asked to write a History of Nursing in Newfoundland I thought that its history had yet to be made, but on second consideration, looking back over the last fifteen or sixteen years, comparing conditions then and now, it seemed to me that there had been much progress, and as the history of beginnings is always interesting, I thought it might be useful to have some record of the first steps in establishing trained nursing, while facts are still fresh in mind, for when the actors have passed away it is hard to obtain authentic data.

In 1895, for the first time, a trained nurse, Miss Collins, from University College Hospital, London, was appointed Matron of the General Hospital, St. John's. She was succeeded in 1898 by Miss Rendell, a graduate of the Johns Hopkins Hospital. Miss Rendell was a Newfoundlander and the first Newfoundlander to be admitted to the ranks of trained nurses. She was succeeded by Miss Campbell, now Mrs. Duff. In 1902 two trained nurses, both Newfoundlanders, were appointed, Miss Southcott, of the London Hospital, England, as Nursing Superintendent, and Miss Hannaford, of the St. Vincent Hospital, New York, as Matron, and a training school was organized. An entirely new order of things had to be established, and it was uphill work at first, but the difficulties met were successfully grappled with and overcome, and within a year the training school was running fairly smoothly, and at the end of three and a half years the General Hospital presented its certificate to its first four nurses. We hoped to have had the help of these for our future work, but the hospital board was not prepared to give any increase in salary beyond what they had been receiving as probationers, and most of the nurses, as they graduated, left to take positions elsewhere. While we regretted their loss, we felt they had their way to make in the world and could not find fault with them for doing so. Later on, when a new wing was added to the hospital, the salaries were put on a better basis and more encouragement given to graduates to remain. The number of nurses has increased from twelve to forty, and we hope to have some other wards

opened which will make it necessary to have a still further addition to our staff. Our graduates are now working in the United States and Canada and doing credit to their training school.

In 1911 the Association for the Prevention of Tuberculosis obtained permission to erect some tents in the grounds of the General Hospital for the use of working men with incipient tubercular disease, who would go there to sleep at night and go about their usual work in the day. The men, however, only stayed a few days; they got tired of camp life and went back to their homes. Some women patients were then persuaded to undergo the fresh air treatment, and this was more successful. They lived in the tents by day as well as night, and were quite happy and contented until the bad weather came. Then, one morning, the rain came down in torrents, a gale blew, and the water got into their tents, and the nurse came with mackintosh and umbrella, which she could hardly hold for the wind, and put them into a cab and took them to their homes. The next year some wooden sheds were put up a short distance from town, but the farmers near objected and they had to be removed. Another place was found further on in the same locality and three sheds were erected by the Daughters of the Empire, and filled with tuberculous patients. These sheds have been improved and added to every year, until now they accommodate sixteen patients.

The Association for the Prevention of Tuberculosis was organized in 1909, with Mr. John Harvey as secretary, and a nurse, Miss Anderson, was employed and an attempt made to educate the people in health matters. She visited not only in St. John's, but traveled all over the island, instructing the people in the different settlements, trying to teach the doctrine of open windows and fresh air. Where fresh air means cold air for so many months of the year, and is often below zero with a piercing wind, we can easily imagine that it was not an easy doctrine to instil.

In 1901 two nurses were employed, one for work in St. John's, and the other in the outports. Their instructions were to pay more attention to prevention than to the actual nursing, and to try to improve the condition of the homes of the people and teach them something about choosing and serving food. They tried to interest doctors, clergy, and prominent people in each outport in the work. Lectures were given to the school children and to the teachers and every means tried to arouse interest in the subject. The majority of the people in these early days knew nothing about tuberculosis, nothing about its infectious character. The healthy child slept in the same bed with a mother or sister in an advanced stage of consumption. When one of a family got the disease the whole family went one by one. These nurses were not received with open arms, neither were people ready

to report cases of tuberculosis, but they have won their way to appreciation, and, thanks to their teaching, tuberculosis is now understood to be something against which precautions can and must be taken.

The nurse working in St. John's, whatever unpleasant things she might have to face during the day, could go back at night to her comfortable home and enjoy her well-earned rest, but the nurse traveling in the outports had to live and eat and sleep where she could, and the conditions were not always what she would choose. In some of the outports the accommodation, the best that can be afforded, is poor. She must be a good sailor, too, for the Newfoundland coast is rough and often she had to travel in bad weather from place to place in an open boat.

In 1912 another step was taken and the work was taken over by the Government of Newfoundland. An offer of a sanatorium was made by Mr. W. D. Reid and accepted, the foundation stone was laid in July of 1914, and Miss Campbell, a graduate of the General Hospital, was sent to Edinburgh to study tuberculosis work at the dispensary of Dr. Phillips. A medical man was appointed to take charge of the work which was then organized on the same lines as Dr. Phillips'. There are now five district nurses employed, and the open air camp accommodates sixteen patients. It was open the first year in the summer only. The following year Miss Hubley, a graduate of the General Hospital, was in charge of the camp and spent the first winter there. It was strenuous work, as pioneer work generally is. It was difficult to get help and she sometimes had to begin her morning's work by shoveling the snow that had fallen during the night and lay white and cold between her and her patients.

Before the year 1901 there were no private nurses in Newfoundland, and very little encouragement was given to those who were anxious to do private work. But the public in time came to recognize their worth, and their own need, and now everyone who can likes to have a "trained nurse."

There is a large field for district work. The question of procuring district nurses has from time to time been discussed, but the problem of ways and means has not yet been solved. In the outports, where there is often no doctor within many miles, a district nurse would be a boon indeed. The Methodist congregation a few years ago employed one for their sick poor in the city, but for a short time only.

Trained nurses have for some years, since 1892, been employed by Dr. Grenfell in Labrador and the far north of Newfoundland. Miss Carwardine, of the London Hospital, and Miss Williams were the first nurses to go there. Many American nurses now go for the

summer months and give their services free. There is a large population consisting of men, women, and girls who go there for the fishery and return in the autumn to their homes in other parts of the island. Miss Bailey has been several years at Forteau and spent the winter of 1913 there alone, being doctor, nurse, dentist, and universal provider for all the men, women, and children within one hundred miles. To her belongs the credit of the making of the only road Forteau has. During the winter, which begins in November and ends in April or May, there is no means of communicating with the outside world; the harbors are packed with ice and the only conveyance is by dogs and komatik.

In 1906 a hospital for infectious diseases was opened in the grounds of the General Hospital, and Miss Duncan, a graduate of Meath Hospital, Dublin, was appointed Matron. Only graduates are employed, and nurses from the General Hospital very often go there to get experience in fever nursing when they have finished their general training.

As only abnormal maternity cases are taken at the General, and most of the private work in the town is maternity work, the lack of opportunity for training in that branch is keenly felt. Arrangements were made for a time with the Salvation Army Maternity Home, by which nurses could attend cases there under the supervision of a trained midwife certified by the Central Midwives' Board, London. But the Home was just outside the city limits, west, and the Hospital was just outside the city limits, east, and it was difficult sometimes to arrange for a nurse to go just when the call came, and the arrangement fell through, but not before several nurses had received a very good training in that branch of work. Several went to England and qualified as midwives there, and some went to Canada and took a course with the Victorian Order.

In 1913 a Nurses' Association was formed, including not only the nurses working in St. John's, but also those in other parts of the island. Its membership is steadily increasing, and a registry for private nurses has been opened which registers only those guaranteed by the Association. This is a great convenience to both doctors and nurses.

I must not finish this sketch without a few words about Miss Cowan, the Matron, who, for thirty-five years before the advent of the trained nurse, from the age of eighteen till her death, mothered and nursed the sick poor in the General Hospital. She held no training school certificate; there were no training schools at the time she began her work, about the same time that Miss Nightingale returned from the Crimea and set about organizing the training school at St. Thomas' Hospital. When a knowledge of asepsis made abdominal operations possible, hers was the privilege of nursing the first patients operated on in Newfoundland. It was a strange coincidence that twenty-five years

after the two first patients then operated on should lie side by side again in Cowan Ward. In this ward, named after her, Miss Cowan's picture hangs on the wall. Her name has not been allowed to drop into oblivion, for the Cowan Mission, founded in her memory, still helps to carry on her good work. The members of that Mission have built a Convalescent Home in the Hospital grounds, where patients can spend a few weeks after they have been discharged from the hospital before going back to their work or their families. The entertainment provided by them at Christmas for the patients in the hospital is the great event of the year.

Miss Cowan's work was done for two years after her death by her assistant, Miss Morgan, who has filled in turn every position in the hospital, and is now in charge of the work of the linen room.

ST. JOSEPH'S HOSPITAL, PORT ARTHUR, ONT.

St. Joseph's Hospital, Port Arthur, is among the pioneer hospitals of our country. It was founded in 1881. At this period the flourishing city of beautiful homes was a small, desolate seaport town, in winter time cut off from all communication with the East. The old-timers tell us these were very long, cold winters, and welcome indeed was spring and the first boat. Even to-day we rejoice at its coming. Thirty years ago what a God-send it was, often bringing supplies of which citizens were sorely in need.

One bright summer day, as the people gathered at the dock, imagine their surprise when they saw five black-robed Sisters disembark. A new era had indeed opened. This meant the dear, good nuns to teach the children the various branches taken up in convents. But the Sisters were not long left to their teaching, for in a few months they were asked by the town authorities if they could not help to make some provision for the care of the sick. True to the records of the past where Sisters of Charity were the only ones to care for the sick, these Sisters offered a room in the small convent for a hospital ward, and their offer was accepted. Soon a site was procured and the beginning of the present building was started in 1884, and by the end of that year the first seventeen patients were moved into St. Joseph's Hospital.

This was a very happy time, when the citizens rejoiced in the first hospital at the head of the Great Lakes. It was seventeen years later before a hospital was started at Fort William. The doctors were two in number at this time and both are now gone to the last, long rest. Dr. "Jack" McDonald, as he was always called, was a well

known character of early days, and Dr. J. G. Beck came as a young C.P.R. surgeon, and was for many years the chief surgeon at St. Joseph's Hospital.

This first building was a two-storey one. The second floor had two wards. The first floor had one ward, a private room, an office and dispensary combined, and a small operating room. The basement was made up of a kitchen, laundry and dining room. The Sisters slept at the convent, which has always been beside the hospital. The first Mother Superior was Mother De Pazzi, of St. Joseph's Community, Toronto, only lately deceased, and who was in later years a well known figure around St. Michael's Hospital, especially at the bedside of the dying, where she seemed to carry so much comfort to many poor souls about to set out on their last long journey. Her assistant was Sister Monica, who has been for many years and is now the well known Superior of St. Joseph's Hospital, Port Arthur. Many and interesting are the stories of these pioneer days, when wood stoves and coal oil lamps were still in use, and messages were sent by a messenger instead of by telephone.

But time and changes glided on, and in 1889 an addition was built providing a new operating room, which is still in use; also an X-ray room, more private rooms and wards. The Sisters worked very hard, sometimes getting a graduate nurse from outside if there was one in town. In 1901 the first graduate nurse took charge of the operating room, Miss Wilkinson, a graduate of St. Michael's Hospital, Toronto, who, two years later, was succeeded by Miss M. T. Rowan, also a graduate of St. Michael's, Toronto.

In 1904 a second addition was built, giving accommodation for eighty patients. This gives us the building as it was up to 1914, when a large wing, with 100 ft. frontage, running back 125 ft., was built and will be completed during the present summer. This is a four-storey building with an operating suite making a partial fifth story. When finished, this new wing will be the very last word in hospital improvement, and will be known as the wing built the year of the big European war, a date well impressed on the minds of all Canadians.

In 1904 the Training School for Nurses was started and was subject to the usual difficulties. The work was very hard for the first probationers and nurses, but after a few years the usual smooth-running state of affairs was established. At first a two and a half years' course was given, but was soon changed to the standard three years' course, which includes medical, surgical, gynecological, obstetrical, and contagious diseases, the latter to a limited extent. I trust this little history may prove of interest to some of the readers of The Canadian Nurse.

EXAMINATION PAPERS, 1915.

The following papers are those set for the 1915 class of the Toronto General Hospital Training School for Nurses. This class took the course in Medical Social Service at the University. They attended one lecture a week from October until May and wrote on the final examination, a copy of which appears in this list of papers.

Medicine.

1. Define—Anaemia, Pyrexia, Pain, Disease, Infection, Inflammation, Symptom, Coma, Embolism, Toxaemia, Bacteriaemia, and Fever.
2. Discuss Typhoid Fever under the following headings: Cause, Symptoms, Diagnosis, Pathology, Prognosis, Complication and Prophylactic treatment.
3. What is Oedema? How is it caused? What is the difference between Cardiac and Nephritis Oedema?
4. Why is the left ventricle Hypertrophied in chromic interstitial Nephritis?
5. What are the chief causes of unconsciousness?
6. What is Dyspnoea? In what diseases does it occur?
7. In what conditions are you likely to have retention of urine? What is suppression of urine? What causes it?
8. In what diseases do symptoms of "Indigestion" occur? How would you distinguish them?
9. When should a Lumbar puncture be done?

Surgery.

1. Classify fractures. Mention the materials used and the details in padding a long splint.
2. Describe all the apparatus used in giving an interstitial saline solution and the method of sterilizing the same.
3. What symptoms would be present in a severe case of internal haemorrhage? Give treatment.
4. Define the following terms: Cold Abscess, Gangrene, Rigor, Haematemesis, Pyaemia, Hernia and Pneumothorax.
5. What means are taken to prevent the formation of bed-sores? Give treatment if such a complication should arise.

Obstetrics.

1. Give fully the formation and function of the Placenta?
2. Give in detail what general care is needed during Pregnancy?
3. (a) What complications are to be watched for during Pregnancy and their causes?
   (b) Give the cause, symptoms and treatment of Eclampsia.

4. (a) What preparation and care does a patient need from the beginning to end of labor?
   (b) Prepare a room for a case in a private house.
   (c) How would you conduct the case above if the doctor did not arrive?
5. (a) What are the causes of Subinvolution of the Uterus?
   (b) What may cause an elevation of temperature during the Puerperium?
6. (a) Why is it necessary to watch a new baby closely for at least 24 hours?
   (b) Name the disorders of the first weeks of life?
   (c) What would you do for—
   Haemorrhage from the cord.
   Baby turning blue, apparently not breathing.
   At what temperature would you give a resuscitation bath?

Children's Diseases.

1. Write explanatory notes on: Mixed feeding; Artificial feeding; Certified milk; Pasteurized milk; Proprietary foods.
2. Write out directions for the care of all utensils and materials used in preparing a simple milk mixture.
3. Give in same order the things you would do in nursing a case of Broncho-pneumonia in a child.
4. State briefly in what manner the following diseases are of particular significance in children: (1) Rheumatis; (2) Adenoids.

Practical Nursing.

1. Describe the preparation of a room in a private house for an exploratory abdominal operation, when the surgeon brings instruments and dressings.
2. (a) Describe nature causes and means of prevention and treatment of bed-sores.
   (b) Define—Hiccough, Dicrotic pulse, the expression "Compensation" and "Failure of Compensation" in reference to the heart, Oliguria, Aphasia.
3. (a) Give the nursing care of Pneumonia, Typhoid, Cerebro-spinal Meningitis.
   (b) What are the important symptoms in each disease and what complications might arise from these symptoms?
4. Outline the qualifications necessary for a nurse under the following headings: (1) Physical; (2) Mental; (3) Moral.
5. (a) Give in detail the nursing care of a patient with Scarlet Fever from the invasion of the disease to convalescence in a private home where strict economy has to be observed.

(b) Describe the disinfection of a room 2,000 cubic feet of air space after a case of Diphtheria, when the room contains bedside furniture and bedding, books, dishes, clothing, food, garbage and lavatory plumbing.

6. (a) What are the symptoms of and what should be done for Angina Pectoris?

(b) What treatment would you give in the following emergencies when you are unable to get medical aid for two hours:

1. A compound fracture.
2. A patient who has had a Post-Partum haemorrhage.
3. A person who has had an overdose of Strychnine.

Note.—Five questions only to be answered.

Department of Social Service.

(University of Toronto.)

1. (a) A boy fourteen years of age charged with theft is brought before the judge of a Juvenile Court. He has been found on three previous occasions guilty of stealing. Would you suspect mental abnormality in this case? Give reasons for answer.

(b) If sent to investigate such a case, what data would you consider important in home conditions, personal history (school history, habits, etc.), physical condition and family history?

(c) Distinguish between backwardness, feeble-mindedness and insanity.

2. (a) Compare ordinary prison methods with industrial work in the treatment of delinquents.

(b) Describe briefly the work as carried on in some one industrial school or farm.

3. (a) What are the chief functions of Medical School Inspection? What benefit can be expected from an efficient system?

(b) How can the infant mortality of a city be reduced by the Municipal Board of Health?

4. Discuss the work and value of tuberculosis clinics and visiting nurses in controlling and preventing Consumption in a city.

5. Show the need of controlling the expenditure of civic funds for charitable purposes and describe how this can be accomplished by a Social Service Commission.

6. In what ways can the Social Service Department of a Hospital be of value to the institution and the community at large?

7. What factors enter into trade diseases? Discuss this from: (1) Standpoint of employer; (2) Standpoint of patient.

Note.—Five questions only to be answered.

THE NURSING OF NERVOUS PATIENTS.

By Gladys Tatham.

This class of case needs more careful and more intelligent nursing than any other. Along with the nervous disease various bodily ailments are usually found. It is rare, indeed, that we find an unsound instable nervous system functioning in a strong and healthy body—the contrary also holds good. The physical and the psychical act and react upon one another.

The nurse called upon to tend a nerve case must possess a stock of sound common sense, fortified by knowledge. She must be adaptable to the varying moods of her patient; sympathizing with the sufferer, but never coddling his whims. We all know the emotional, gushing, "pillow smoothing" woman, but fortunately it is rare, indeed, to encounter her in the ranks of professional nursing! Sympathy must be real and sincere, but whilst sympathetically comprehending the troubles of a patient, the nurse should encourage him to ignore them. She must be a living embodiment of normal, healthy thought, and sufficiently endowed with nervous force to strengthen and raise up her feeble patient.

Women with plenty of intuition, patience, resource, and intellect make the best nurses for nerve cases. A liberal outlook upon life and a broad education are also valuable assets.

If it is thought that these attributes are an unnecessarily high standard to impose, let it be also remembered that "nervous" cases yield us many of our most interesting and most satisfying cures. Nerve work is also usually well paid. Perhaps because of the stress and strain of the struggle for existence—perhaps as a result of the greater self-indulgence and luxury of our artificial civilization—nervous diseases are on the increase. Whatever the cause, we are frequently called upon to minister to the victims. Bacteriology has thrown much light upon the connection existing between a toxic condition of the blood and various abnormal states of the nervous system. Indeed, some psychologists affirm that insanity is due to toxins in the brain.

When a patient is suffering from some form of "nerves" due to toxaemia, the nurse must be able and prepared to carry out such physical treatment as may be ordered by the doctor. Continuous irrigation of the colon with normal saline, injection (hypodermic) of autogenous vaccines, etc., may be prescribed.

Psycho-therapy, or treatment by hypnotic suggestion, is being very extensively practised to-day, not alone for obviously nervous ailments, *e.g.*, obsessions, but for functional disorders of the body, such as dysmenorrhoea.

It is many years now since hypnotism was first practised in Eng-

land by a medical man. Dr. James Braid, in 1843, was probably the first physician to try and place psycho-therapy on a scientific basis in this country. The growth of this means of treatment has been chequered but at last it is, so to speak, coming into its own. The writer feels it is no idle dream to anticipate the day when the psychical treatment of psychical disorders will form part of the routine teaching for doctors and nurses in our medical schools.

Insomnia can be safely and successfully treated without injurious and depressing drugs by means of suggestion.

Neurasthenic aches and pains, with their accompanying enfeeblement of the body, can be banished.

Dysmenorrhoea and other disturbances of menstruation, when functional, can be cured by psycho-therapy.

Constipation and diarrhoea may alike be relieved.

Perverse and unnatural habits can be eradicated.

It will be seen from the above brief examples that hypnotic suggestion may play a very large part in the treatment and nursing of nerve cases. So, to the nurse who wishes to be up-to-date, at least an elementary acquaintance with the subject is necessary.

To understand the action of psycho-therapy, it may be helpful to try and picture "the mind" as consisting of at least two parts—the conscious, or superficial mind, and the sub-conscious, or "deep layer." One cannot, of course, describe psychical, subtle intangible things in the material phraseology of the animal world. But the above terms may be allowed when it is realized that they are figurative.

The conscious mind is concerned more or less with the immediate present; "it" hears the conversation or the music in the room. The sub-conscious mind is a veritable storehouse of memories—nothing registered, even unconsciously, is ever lost—from our earliest days impressions are stored up in the sub-consciousness. It may be that even certain ancestral memories are retained and transmitted for generations. In India, for example, the children of a carpenter become carpenters and hand on the profession in their turn. The office of midwife runs for generations in families. In such cases it seems not unreasonable to suppose that a specially inherited skill is acquired and transmitted as a sub-conscious memory.

We visualize the sub-consciousness then as an immense storehouse which feeds the limited "retail department" of the consciousness. It has been proved by many experiments that the sub-conscious mind is receptive to suggestion from without, and it is this suggestibility on which the psycho-therapist relies for cure. The doctor, or nurse acting under his orders, places the patient in a comfortable position, preferably reclining, in a quiet and not too light room. The patient is requested to close his eyes and concentrate on some restful subject, or

on something monotonous, *e.g.*, his own respiration. He then is asked to open the eyes and fixedly regard a lens or other bright object, until the eyes weary and close. In the meantime the operator makes soothing suggestions and suggests drowsiness and sleep. When the patient is sufficiently tranquil and detached, curative suggestions are made. After this the patient is told that at a given signal he will open the eyes and feel quite awake and normal. This proceeding is successful in most cases, but, in some, patience and repeated efforts may be necessary before a distinct effect is produced.

So much for the psychical treatment of nerve cases. Physical measures include dieting, exercise, fresh air, massage and electricity and certain drugs.

Nerve cases seldom have good appetites and the nurse who can concoct and set before her patient dainty meals is worth her weight in gold!

It is a fatal mistake to try and laugh a nerve patient out of his obsessions; ridicule is not only cruel, but it will have the effect of making the patient "curl into his shell" and concentrate on his own morbid feelings. A sympathetic understanding and a frank recognition that the sufferings are "real" to the patient will go far to win his confidence. On the other hand, constant references to signs and symptoms must be rigorously avoided, and the attention of the patient diverted to some normal channel.

Unending patience and a constant struggle against the morbid fancies of the patient are indispensable.—*Nurses' Own Magazine.*

THE NURSE IN THE COMMERCIAL WORLD.

Louella Ashton Warren.

What has the commercial world to offer the trained nurse? Many avenues are open, some of which have been traveled, others are in a constructive state—yet others are only staked out. Why not be a worker, select and develop your own!

Only a short time ago "welfare nursing" was in its infancy, an untried but plausible scheme. To-day we know it to be feasible and, more, a necessity. The right thinking heads of big industries have come to believe that much of their success depends upon the working ability of the large force employed. Happiness and health are conducive to big results. It is the duty of the welfare nurse to maintain this atmosphere by practising preventive medicine under the guidance of the physician-in-charge and by proving herself to be a friendly counsellor and adviser. First-class nurses receive from twenty-one to

thirty-five dollars a week in this position, the latter salary being given when increased responsibility, efficiency and length of service guarantee it.

Many of our leading drug stores have trained nurses in their hospital sections. On entering their employ they are coached for some weeks in the wholesale department to familiarize them with the stock—qualities, styles and prices. The applicability they are supposed to know before they enter. At the end of the coaching period they are assigned a station where they are held responsible for keeping up their stock as well as for their ability to handle the public. Regular hours and twelve to fifteen dollars a week is the starting point here. Increased salary comes to the conscientious worker.

A thorough knowledge of anatomy is the entrance fee to the corset field, making one competent to scientifically direct the fitting of surgical corsets, belts and, if need be, trusses. Many of our foremost surgeons order corsets for operative cases to be worn immediately the "sitting-up" stage is reached, to insure proper support and permanent results. Floating kidneys and hernias are wonderfully helped and controlled in cases where symptoms are not sufficiently aggravated to warrant operation, or where it is inadvisable, as in diabetic cases. Weak backs are comforted.

The corsets are designed or adjusted to give correct pressure at a given point, or to lift up and hold in place a misplaced organ, without binding or restricting the action of the diaphragm. These cases usually report to the physician-in-charge of their case for a "finished fitting." Having a nurse of recognized ability in attendance would relieve the surgeon of this final survey and would add a little to the leisure he craves. For the nurse who has an excellent working knowledge of anatomy and who will conscientiously learn corset construction, there is an almost unlimited field of action. Such a treasure is eagerly sought and an excellent salary given.

At present I am associated with a department for invalids, having a maternity and nursery division. The scheme in the invalid section is to carry small articles not easily found, tray fittings especially designed for utility and size, baskets and chinaware designed for fruit and flowers, with a gift and amusement end, the latter to be developed, carrying games and puzzles for one and two people, and nurse and patient. We locate special articles desired—bandages, garments or supplies—or will make to order anything for a special case with a peculiar need, following instructions given. The nursery section carries all nursery supplies.

The maternity section appeals to prospective mothers, many of whom do not know one garment from another. Many have heard "Gertrude" spoken of in connection with a baby, but whether it is a

favorite first name, a kind of sleeping-basket or a feeding-case, is more than they know. When so much has been done, and is being done to educate the laity in the care and feeding of children, the wilful ignorance of many mothers is to be regretted. Many educated and uneducated mothers are eager to learn of "babyland," many others are absolutely indifferent, as was one mother who asked for a black nipple. When asked what kind, she said, "I don't know. Give me anything so long as it is black." She was too careless and indifferent to know that it is with difficulty that a baby is changed from one make of nipple to another. A baby often refuses to eat from that one cause alone. One is led to believe that her baby had a greater sense of color than of style.

We assist in the selection of layettes, quality, quantity and style. Recently a woman came with two dollars to select an entire layette. As a general thing paper money is not very elastic, but before we got through we had stretched it to enormous proportions, judging results.

A nurse's cap leaves one open to medical questions of all sorts, in fact, the right definition of nurse's cap is information bureau. Brush up as you will you will be caught napping. You will secretly wonder what Diana Kimber has done with her muscular lore, or what Griffith or Holt has to say on a certain point. What questions come to us? These are some which have come to me, showing the necessity for tact and care in giving advice desired.

My baby is two years old. It has never tried to creep or walk and is very backward. Do you suppose it is mentally sound?

How many teeth should a baby have at a year?

What is the best way to prevent thumb-sucking?

My baby cries all the time when anyone is near. What shall I do to break him?

How shall I train a child to go to bed without a light in the room?

My baby is six months old. I don't want to nurse it any longer. Would you give it barley water, Mellin's Food, or oatmeal?

Are baby-walkers injurious?

What do you think about teething rings?

How shall I keep my baby under the bedclothes?

My baby slides down under the tray of the high chair. How can I prevent it?

I have a relative who has had a shock; as a result the left arm is stiff and seems to be growing down to the side. How can her clothes be made so we can dress her more easily?

We are asked to select obstetrical nurses, hospitals and medical men by new residents who have been helped by us in other ways and whose knowledge of Boston's medical resources is nil.

The trained nurse comes to the commercial world well equipped with a knowledge of human nature, which is a great asset. She will

accept just criticism gracefully, knowing that if followed it means development. She is usually resourceful, keen and alert. Wideawake to the interest of her employers as well as to her own, never forgetting that one can adorn one's profession and business by giving of their best, or can disgrace them by lack of dignity or lowered ideals.

A Massachusetts General Nurse said to me recently: "The field for the trained nurse is so much larger now than it has been. It seems to be broadening, stretching towards the horizon. I wonder where it will end." I wonder!—*The Boston City Hospital Nurses' Alumnae Quarterly.*

NEW BRUNSWICK GRADUATE NURSES' ASSOCIATION

The annual meeting of the New Brunswick Graduate Nurses' Association was held at the home of Mrs. Armstrong, 11 Orange St., St. John, on Monday evening, April 12th. After the usual business was concluded the annual reports were read.

The election of officers for the ensuing year resulted as follows:

President, Miss E. P. Hegan; 1st Vice-President, Miss Horseman; 2nd Vice-President, Mrs. D. C. Malcolm; Recording Secretary, Miss M. Murdoch; Corresponding Secretary, Miss A. A. Burns; Treasurer, Miss E. J. Mitchell. Executive Committee—Mrs. W. O. Dunham, Mrs. Armstrong, Miss Retallick.

A letter was read from Miss Walker, secretary of the Red Cross Society, thanking the nurses for their gift of Two Hundred Dollars.

A letter of thanks has since been received from Dr. Murray MacLaren, to whom the same amount ($200.00) had been sent to use where he considered it was most needed.

A large number of our members have gone to the Front.

SASKATCHEWAN GRADUATE NURSES' ASSOCIATION

The third annual meeting of the Saskatchewan Graduate Nurses' Association was held in the Y.W.C.A. clubrooms, Regina, April 5th, 1915.

Miss Bateman, delegate from Saskatoon, and Miss Wilson, from Moose Jaw, were the only representatives from other parts of the province.

After reading of reports, at the beginning of the afternoon session, the Registration Bill was read and was discussed at some length. More interest than heretofore was shown in this bill, due to the fact that it is now in the hands of the Hon. J. A. Calder, Cabinet Minister, and is to be brought up at the next session of the Provincial Legislature.

At the close of this session refreshments were served, and after a motor drive around the city the General Hospital was visited.

The evening session opened at 8 p.m. An excellent paper was given by Dr. Bow, Medical Health Officer, Regina, on "Communicable Diseases."

The Registration Bill was again read and discussed. A communication from Miss Gunn, secretary of The Canadian National Association of Trained Nurses, regarding the choosing of nurses by the Militia Department was read and discussed.

The following resolution was moved and adopted:

"This Association places itself on record as strongly disapproving of the method adopted by the Militia Department in choosing nurses to send to the front. It also takes strong exception to the incorrect statement made by Major Jacques in regard to The Canadian National Association being only one of many such nurses' associations existing in Canada. It is the opinion of this Association that it would be advisable to give publicity to this matter in The Canadian Nurse only."

At the close of the evening session officers for the ensuing year were elected:

Hon. President, Mrs. W. A. Thomson, Regina; President, Mrs. J. A. Westman, Regina; 1st Vice-President, Miss Phillips, Saskatoon; 2nd Vice-President, Miss Lumb, Prince Albert; Secretary, Mrs. VanValkenburg, Regina. Council: Miss Brown, Regina; Miss Sissman, Saskatoon; Miss Gallagher, Moose Jaw; Miss Walker, Yorkton; Miss Hicks, Weyburn.

The following report was read by the President, Mrs. J. A. Westman, Regina:

Our meetings throughout the year have been well attended. A special meeting was called in September to arrange some definite work to be done during the European war for the relief of needy families. It was decided to meet every Tuesday evening to sew for these families. This has been done and a very considerable amount of sewing has been accomplished.

Ten mothers and forty-seven children were completely outfitted for winter, besides grey flannel shirts, bloomers, underwear and dresses made and sent to Alexandra School, to be used for school children who were poorly clad. Seven pairs of shoes were bought for these children, $86.05 was collected and $83.05 expended in connection with the work. One family of seven children, the baby a few days old, was supplied with food for five weeks until the mother was able to resume her work. Another family with five children was supplied for three weeks, then taken over by the Patriotic Fund. Another family, not particularly needing food, was given a generous

supply of soap, both laundry and toilet, before being given their supply of clothing, and, judging by appearances later, it was money well spent.

At Christmas two families were given each a barrel of necessities, also a few luxuries.

Twenty pounds of butter were donated to the poor children's dinner in the market building in Christmas week.

The sewing meetings will be continued for some time yet. Just here I wish to thank the nurses for the loyal way in which they have assisted with this work. I know many times it meant a sacrifice. I think we all feel it has been worth while.

THE NURSE'S PART

Rising at six in the morning,
Leaving tasks in dim dreamland undone,
Breakfasting on light or soft diet,
Very thankful to get either one.
As the town clock is pealing out seven,
In unison repeat the "Lord's Prayer";
Then each to her post like a soldier,
To fight out her day's busy tear.

With a smile greeting every patient,
As sweet as the sun-kissed dew,
Though feeling perhaps like a storm cloud,
Her feelings must never show through.
Listening to all the discomforts
Her various patients relate,
Rushing in every direction,
Far beyond the speed limit in gait.

Striving vainly all things to make spotless,
Ere the hours of the morning disperse,
When forth comes an army of doctors,
Each expecting he should be served first.
For their time is so fearfully precious,
There's danger and death in delay,
And sometimes a trip to the office,
To neglect them it never does pay.

Each one's presence so very essential
Some place to some type of mankind.
Oh! why is that nurse so long coming?
She surely don't keep this in mind.
For doctors at once may be twenty,

And nurses on duty but two.
Admitting physicians are clever,
There are some things they never see through.

Trying hard all bells promptly to answer,
Despite the fact, hears a voice say,
"At the rate they are charging us weekly,
I don't think I should ring here all day."
The hours of the morning are waning,
She views her work as well done,
When in comes the Superintendent,
A highly respected, but much dreaded one.

She scans every recess and crevice,
And away in a corner's deep gloom
Some dust for refuge has gathered,
Away from the brush and the broom.
But the all-seeing eyes of our lady
Quickly brings it to light.
She remarks "how exceedingly disgraceful
So much dirt here in plain open sight."

And some dust has mounted a door sill,
At such distance in safety to rest.
By the aid of a chair she espies it,
The result is quite easily guessed.
And now the neglected patients
Pour their woes into her listening ears.
The nurse has some things to remember
When the lady supt. disappears.

With tired heart and racked brain endeav'ring
All accused wrongs to redress,
When the telephone rings and her presence
At once in the office "requests."
She goes with every nerve tingling,
And all of her senses alert,
To find that a patient on leaving
Complains he is minus a shirt.

She can't remember! How stupid!
Forgetting both color and style,
And the all important account book
Is brought into play meanwhile,

Revealing that six admissions
Were made on this very day,
And each with a wardrobe of clothing,
As if they were coming to stay.

At last the query is ended,
Replaced is the article lost.
How or what does it matter
Notwithstanding the nurse knows the cost.
She, on wending her way back on duty,
A House Surgeon meets in the hall.
Why don't some guardian angel
Close her eyes so she can't see at all.

But she looks with recognition,
Exchanging a How do you do;
But lo! from the office window
Her ladyship takes a look too.
To her busy, eventful day,
The climax at last has come,
And for an unlimited holiday
Nurse takes the next train home.

Years pass spent in faithful service
To benefit suffering mankind,
The freshness of youth has faded,
Replaced by the traces of time.
But few now wish to employ her;
She is old and termed on the shelf.
The gratitude unmercifully shown
For serving all others but self.

Oh! ye who are maidens and sweethearts,
And you who are somebody's wife,
Deem it but a wild ambition
If you envy a nurse's life.
Ye who sleep in your beds at sweet freedom
Give thanks from the depths of your heart,
That dawn's waking hours do not call you
To eke out the nurse's part.

By Vashti.

Or until death do us part—
The profession and I.

THE SCHOOL NURSE.

An effort is being made to establish communication with all engaged in school nursing in Canada. If you have not received a letter it is because we cannot find out your name. Will you not drop a line to the Secretary so we can lay certain matters before you for discussion.

In April the Public Health Nurses and the School Nurses united in giving an afternoon tea at The Brown Betty in honor of Miss Ammerman, who was en route to take charge of the Henry Street Settlement, New York, and Miss Fitzgerald, who has come to Toronto to take charge of the Victorian Order here. Visitors were also entertained from The Social Service Commission, St. Elizabeth Order, National Sanitarium and Metropolitan Insurance Company.

At the end of little John's first week at school he returned home and electrified his mother by his bulging eyes and his excited statement:

"The Doctor took a boy out of our class to-day and croosified him three times and it never took on him. Do you think he'll do it to me, mama?"

The regular monthly meeting of the Canadian Public School Nurses' Association was held Tuesday, May 4, at The Brown Betty Tea Rooms. The Association had as guest for the afternoon Dr. Stowe Gullen, who gave a talk on Parliamentary Procedure—the last of a series of three lectures by Dr. Gullen, which have been much appreciated by all.

A social evening was recently given at the home of Miss Spry when the entire staff of school nurses met to say good-bye to several of the staff who are leaving for the war. Miss Kingstone leaves for three months' voluntary service, the others are enlisted in the regular way. They are Miss F. Galbraith, Miss Glass and Miss Gray.

Miss Long and Miss Davies have been appointed to the permanent staff of school nurses in Toronto.

Editorial

STOP AND CONSIDER

Notwithstanding the many calls upon the nurses and the lull in strictly professional business to facilitate the response to these calls, we must not lose sight of the need for thoughtful consideration of the problems that confront us and for continuous united effort, if we would solve these problems in the best possible way.

This year, when our national meetings are cancelled, gives us a good opportunity for some professional stocktaking. Where do we, as a profession, stand? What ground, if any, has been gained during the past year? What plans should we adopt to overcome the existing evils and to ensure progress, the best progress, in the future?

In considering the first question, the need for better organization must be apparent. The lack of legal status has been keenly felt, and will surely stimulate us to more energetic, united effort to attain the ideals that have hitherto been advocated only by the few. That untrained women have been admitted to the ranks of our Nursing Sisters rouses our indignation. But that is not enough. If we do not seek to make this impossible henceforth, then we neither realize our responsibility to the sick nor to our profession. Registration, State recognition of the nursing profession is the only solution, and nurses must be alive to this need, and work continuously and perseveringly till there is Registration for nurses in every Province in Canada.

It might be rather difficult to estimate what has been gained during the past year. New work and new problems have confronted us because of this terrible war. New questions and new situations have arisen that have called for no little thought and foresight and tact to meet. All these new experiences, through which we have passed, must broaden and deepen and strengthen our professional character and make us better able to formulate plans for the future that will mean progress in the truest sense.

Can we not devote some of the leisure of our rest time to these plans for progress that when the Autumn brings us together again we may be ready to take advantage of the opportunity to press forward.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.
(Incorporated 1908.)

President, Mrs. W. S. Tilley, 157 William Street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession Street, Mountain, Hamilton; Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital; Recording Secretary, Miss I. F. Pringle, 310 Brunswick Avenue, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto; Mrs. W. E. Struthers, 558 Bathurst Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 290½ Dundas Street, Toronto; Miss Jessie M. Robson, 45 Dundonald Street, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss J. G. McNeill, 82 Gloucester Street, Toronto; Miss C. E. De Vellin, 505 Sherbourne Street, Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss E. J. Jamieson, 23 Woodlawn Avenue East, Toronto; Miss Kinder, Hospital for Sick Children, Toronto; Mrs. George Nichol, Cataraqui; Miss Allen; 3 Classic Avenue, Toronto; Miss Agnes Boyd, 59 Avenue Road, Toronto; Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital, Toronto; Mrs. I. P. MacConnell, 514 Brunswick Avenue, Toronto.

Conveners of Standing Committees: Constitution and By-Laws, Miss H. N. W. Smith, Hamilton; Press and Publication, Miss Ewing; Legislation, Mrs. Clutterbuck.

The annual meeting was held in Toronto on May 22nd, in the Lecture Room of the Toronto General Hospital, according to the later decision of the committee.

One session only was arranged, as the nurses everywhere are busy making hospital supplies during their spare time, and just now this work must take precedence.

A full report of the meeting will be published in a later issue.

MEDICAL AND DENTAL INSPECTION IN SCHOOLS.*

I note with pleasure the very gratifying report of work accomplished during the first year by your local branch of the Victorian Order.

In anticipation of even greater results and a broadening of the scope of the work of the Order I am honored in being invited to speak to you on the subject of medical inspection in the public schools. I have been engaged in this work in Toronto for the past four years.

The progress in medical science, due largely to laboratory research and sociological investigation, has brought to light the causative factors of disease and demonstrated that many are preventable. Diseases formerly looked upon as a visitation of Providence are now known (to some) to be almost entirely preventable. The relation of the schools to these achievements of medical science is of great importance. Both the teacher and physician noted the marked variations in the mental capacities of the different pupils, and recognized the importance of the causative factors. To them, therefore, medical inspection of schools owes its existence.

Medical inspection is founded on a recognition of the close connection which exists between the physical and mental condition of the children and the whole process of education. It seeks to secure ultimately for every child, normal or defective, conditions of life compatible with that full and effective development of its organic functions, its special senses, and its mental powers, which constitute a true education.

Twenty years of school medical inspection in America and almost forty years abroad have carried us beyond the question of why such

*Address delivered by Dr. Minns at Annual Meeting of Whitby Branch, Victorian Order of Nurses, February, 1915.

work is needed, and have placed the best and most efficient methods and systems within our reach. Medical inspection of schools has more than justified its existence; it has come to stay, and to have an ever-increasing power of service. The value of medical inspection of schools is shown by the fact that the Department of Education for this Province has drafted regulations governing the work, though as yet making the introduction of a system optional with the School Board. Let us hope that this is only paving the way for the day when it will be compulsory for every School Board to make adequate provision for carrying on this work.

Clear distinction must be made between inspection solely for the detection of communicable disease and that physical examination which aims to discover defects, diseases, and physical condition. The one relates primarily to the immediate protection of the community, while the other looks to securing and maintaining the health and vitality of the individual.

Let me point out here that all phases of the work are under the direct control of the Board of Education. The organization is simple and direct. Through the teacher, nurse, medical inspector, and family physician we never lose touch with the child until it leaves school. During that time we teach the child the laws of health, train it in practical hygiene, and right habits of life so that it leaves school with a sane, practical knowledge of how to care for its body, and of the importance to itself, as to others, of the control of disease and a clean life. We hold the teacher, the nurse and the medical inspector equally responsible for so far as that responsibility can fall upon them for the child's condition and its development.

To correctly diagnose a defect or disease is the first step of medical inspection; to recommend treatment is the next; and third, and most important, to have the defects corrected. Diagnosis and medical judgment can be obtained only from physicians. In many cities where physicians only were employed, innumerable defects were recorded, but only a small percentage received treatment. This was due to indifference or ignorance on the part of parents, who did not realize the importance of the recommendations, and to the inability of the physician to spare time to personally explain to them the dangers of certain diseases. It was evident that some connecting link was necessary between the doctor and the parents, the school and the home. The school nurse has filled this gap. Nurses are needed for the "follow up work," to urge the treatment of the defects. Conflicts and misunderstanding between the physician, school and the home have been replaced by confidence.

To quote, briefly, from the Regulations of the Department of Education for this Province the duties of a school nurse are:

1. (a) To examine each child as soon as practicable after admission to school.

(b) The examination shall consist of an inspection of the scalp, skin of the face, neck, and hands; the mouth, throat and teeth; the joints and spine; and simple tests for sight and hearing. The pulse and temperature shall be observed, if necessary, and the presence or absence of vaccination scars recorded.

2. On completing the inspection, the school nurse shall, when she deems it necessary, notify the parent or guardian, through the Principal, of the physical condition of his child or ward, and it shall be the duty of the parent or guardian to have the case duly attended to.

3. In case of emergency, the school nurse may render first aid, bandage wounds, and apply antiseptic dressings to cuts, burns and bruises, but shall not give or prescribe medicines or other treatment.

4. The school nurse shall visit the pupils' homes, and confer with their parents or guardians.

5. The school nurse shall keep a written record of all her work.

Experience has proved that medical inspection fails to produce results without the trained nurse. The nurse becomes the instructor of the pupils and parents and teachers in the principles and practice of sane hygiene. She becomes the link connecting the home with the school. Nurses are especially helpful in reducing the number of exclusions for minor contagious skin diseases and infected heads. Those that are excluded she follows to their homes at once, and sees that treatment is begun. She has been a great help to the teachers in guarding the school from such epidemic diseases as diphtheria, scarlet fever, measles, chickenpox, mumps and whooping-cough. Many cases are first discovered by her visit to the home, and brought under proper supervision. Many mothers have expressed to me their deep appreciation of the assistance the nurse is to them in teaching their children habits of cleanliness, daily brushing of the teeth, and neatness in the care of their person. Many a mother, too, has reason to bless the school nurse as an angel of mercy, who has sought out a stricken home, comforted and relieved the sick children and overtired mother, advised, directed and brought order out of untidiness, uncleanliness, discouragement and distress. The school nurse has interested herself in the home, brought food and fuel, boots and clothes, and made it possible for the children to get back to school.

(To be continued.)

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

THE RELATION OF DISEASE TO OCCUPATION.

By Dr. A. H. Gordon, Montreal.

Since Adam delved and Eve span mankind has had to work and has been none the worse for it.

When everyone was his own hunter, blacksmith, carpenter, soldier, blacksmith, mason, there was no opportunity for one occupation to absorb all his time and energy and the evils intrinsic to one calling were counteracted by another. In those days our ancestors' difficulties arose largely from his inefficiency in any one department, rendering his survival unlikely. As time went on, specialization brought greater efficiency to the work, but not always greater advantage to the worker.

It is said that one can get anything if he will pay the price. An army can win battles if it pays the price in life and treasure and in training. A man can make a fortune if he pays the price in energy, in time, in culture, or in integrity, and efficiency in a calling or industry may be bought at the expense of a warped mentality or impaired bodily health on the part of the worker.

I do not say that efficiency must always be bought at this price, but in many occupations and industries this is the price that someone must pay. I do not look upon my province this afternoon as that of a compiler of a catalogue of all occupations and the ills pertaining thereto, but rather to indicate in the broadest way certain examples of occupations which entail some deterioration of mental or physical health. When we deduct the hours of sleep, with most of us the major part of the balance of life is spent under the influence of some occupation, and it thus goes without saying that as a man's work is so shall his strength be. To illustrate this we may say that taking equal num-

bers of various occupations, for one clergyman who will die, there will be 2 doctors, 1½ lawyers, 2½ cab-drivers, 3 filemakers and 4 bartenders. In general terms one may say that these people will die in these proportions on account of their relative susceptibility to chest diseases on one hand and to diseases of the heart and blood vessels on the other.

Perhaps of all ways in which an occupation may render one likely to take ill or to die, the greatest is the way in which it exposes him to Consumption—"The Captain of the Men of Death."

Dirt, Darkness, Disease and Drink are the routes which he takes towards his victim and in so far as an occupation predisposes toward one or all of these, it is the ally of Tuberculosis.

Since Dirt is matter out of place, we will find it in its most dangerous form in the various dust producing trades. This is shown by the fact that for one farmer who dies of Lung Disease, there will be from the same number 4½ earthenware workers, 4 cutlery workers, 3 iron and steel workers, 2½ quarrymen, 2½ cotton workers and nearly 2 bakers.

When, in addition to the dust, some of these occupations are carried on in dark or feebly lighted factories and in the presence of great heat, which tempts to the indulgence in alcohol, the high mortality from Tuberculosis in cutlers, filemakers and iron and steel workers is explained. It will be readily seen, also, why the sweat shop is damned. Here labor is carried on in dark and confined areas necessarily dusty with the added danger of infection from materials. The long hours give every facility for infection by Tuberculosis. And here one may digress to give a passing kick at Child Labor.

It is now pretty generally conceded that all of us who have developed or will develop Tuberculosis will have acquired it in the first instance in childhood, and what more admirable opportunity is there for acquiring it than in a factory where there are almost certainly adults carrying the disease and where the conditions of dust, fatigue and youth co-exist.

Another group of occupations in which the tendency toward alcohol exists, which render the worker liable to chest diseases—Tuberculosis and Pneumonia on the one hand, and heart and arterial diseases, including Apoplexy, on the other—are bartenders, porters, brewers, drivers and glass and steel workers. It is from the ranks of the hard workers who are heavy drinkers, that the hospitals get most of their cases of crippled hearts.

Certain callings, while they may predispose to such diseases as Tuberculosis and heart disease, carry also a risk intrinsic to the occupation itself. To give an example I may cite the case of lead poisoning, and to show that this is no new disease "brout hire frae France," I will read the account of an attack of Lead Colic by Dr. James, of London, in 1750. The workers in lead who are most subject to the

malady are those who grind white lead, when the dust is inhaled and gives rise to acute poisoning.

Painters, plumbers, and other workers in lead are also subject to the disease, a peculiar feature of which is that in equal exposure to infection women suffer more than men. Another trade in which lead poisoning was not uncommon was the polishing of cut glass, in which a putty of lead and tin was used. This danger has been largely modified by the introduction of safety appliances.

The making of matches was for many years responsible for phosphorus destruction of the jaw bones and phossy jaw, until some time ago in England, and lately in Canada, the use of yellow or poisonous phosphorus was forbidden, and the more expensive, but less dangerous, red phosphorus replaced it.

The precautions taken against lead poisoning consist in careful washing of the hands and face after leaving work; the prevention of workmen eating near the work; and the use of respirators and sulphuric lemonade.

It is only necessary to mention mercury poisoning from manufacture of mirrors, Brazier's ague from brass fumes, anthrax from handling the wool of infected sheep, stone lung or stonecutters' Phthisis, as examples of the toll which labor takes of its rank and file.

I would like now to call your attention to two ailments which are so common that they pass unnoticed. The first is Chlorosis, or the anaemia of young women, found chiefly, but not entirely, among domestic servants, but may be seen often in young women employed in confectionery or bakery shops or in department stores. It is seen most in those who have come from the country and take employment indoors in towns. The subject comes soon to have a palior of a greenish tint, and weariness and shortness of breath rapidly ensue. Fortunately it is a disease which, if recognized, is usually amenable to treatment, but if untreated may often become associated with ulcer of the stomach and all its evils. More sunlight, more fresh air downstairs as well as upstairs will help to prevent it.

The other ailment about which I would like to say a few words is what is known as "Nervousness" in all its forms, what is known medically as functional nervous disease—Hysteria, Neurasthenia and their related states. It has appeared to me that there were two conditions which rendered this state likely—concentration and monotony. I can well believe that in the Fleet in the North Sea there must be many such cases in formation—constant watching and nothing to see.

Such an occupation as telephone operator, where concentration is at its maximum and where the saving grace of variety is absent, certainly does conduce to what is called nervous breakdown. In such occupations short shifts are a necessity or such nervous breakdowns would be the rule. Stenographers are in a less degree subject to the

same influences. May I add that another element which enters into these breakdowns among young women in these callings is deeper down in nature. Her psychic inheritance does not prepare her for this first hand contact with the struggle for existence, but here she is very decidedly on the firing line and in the midst of the verbal and actual projectiles. This cuts across the grain of her nervous structure and leaves it much more damaged than would have been the case with the man.

There is another type of occupational disease of the nervous system in which extreme specialization overreaches itself. The finer movements of the hand associated with such movements as writing, typewriting, piano playing, telegraph operating, are controlled by cells in the brain which form connections with others for the fine associated movements required. Overuse and lack of rest wear out the controlling apparatus and, though the hand is not paralyzed, it loses its power to carry out these special associated movements, and we get writer's cramp, or telegrapher's cramp.

To change the method of writing or to educate the other hand is of some avail, but a complete change of occupation is often the only course open. As my 1750 informant says in regard to this complaint—"These misfortunes are principally incident to Philosophers, Arithmeticians, Merchants, Clerks and Secretaries, whose minds are often perplexed with a multitude of letters, and the variety of subjects on which they write."

Medical examination of those going into any occupation would greatly assist in the avoidance of diseases; shorter hours in all departments; not the spirit of getting even more than the pound of flesh out of employes; domestic economy; and, above all, remembering the Divine commendation, "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto Me."

ANNUAL MEETING.

The National Association for the Study and Prevention of Tuberculosis of the United States holds its Annual Meeting in Seattle, Wash., on June 14, 15, and 16, 1915. Some of our nurses in the West who are interested in this work will doubtless avail themselves of the opportunity to secure the help and inspiration which will surely follow a programme which promises to be unusually valuable. The officers of the Association have extended a very cordial invitation to Canadian Nurses interested in this work to be present. We understand special rates are being offered by transportation companies, while parties are being arranged to travel from New York and Chicago by special car. Further information may be obtained from the Executive Secretary, 915 Cobb Building, Seattle.

HOSPITALS AND NURSES

British Columbia

Miss Isabel Lord (V.G.H.), of New Westminster, B.C., was selected by the St. John's Ambulance Association to go to the Front as a nurse in the St. John's Ambulance Hospital, at a meeting held by the British Columbia branch of the Association. Miss Lord will be the representative nurse of British Columbia for this organization.

Miss Marjorie Aitken (V.G.H.), from Vancouver, B.C., has been called from Ottawa for active service.

Miss Hetty Baynes (V.G.H.) left Vancouver for England on the 30th of April. Miss Baynes intended to devote her services to work in the base hospitals in England.

The New Westminster Graduate Nurses' Association held their third Annual Banquet in honor of the Graduating Class of the Royal Columbian Hospital at the Hotel Russell, Friday evening, April 30, 1915. This year there were twelve nurses in the graduating class. Miss S. P. Wright, President of the Canadian National Association of Trained Nurses and of the Provincial Graduate Nurses' Association of British Columbia, addressed the class, mentioning the importance of Registration. The other guests of honor were Miss Randal, of the Vancouver General Hospital, Mrs. Johnston, President of the Vancouver Graduate Nurses' Association, and Miss Lord.

Miss Lord leaves for the Front on May 4, being sent by the St. John's Ambulance Society of New Westminster.

Miss Kate Stott, who has been Night Superintendent of the Royal Columbian Hospital for the past year, left for San Francisco on May 2 to take a Post-Graduate Course in the St. Luke's Hospital.

The New Westminster Graduate Nurses Association held their Annual Dance on April 9, the proceeds to be devoted to supplies and dressings for the soldiers at the Front.

Alberta.

The 1915 graduating class from the Training School of the Calgary General Hospital received their diplomas at the graduating exercises of the school, held in Paget Hall, Calgary, on the evening of April 6th.

Mayor Costello, chairman of the Hospital Board, presided.

Addresses were given by the chairman, the vice-chairman, Mr. J. H. Woods, Superintendent McKillop. Dr. R. B. Dean delivered a most admirable graduating address.

The graduating class this year numbers eleven: Misses Annie Court, Fannie Hunt, Margaret McLeod, Ethel S. Thompson, Hester E. Shun, Emma M. Miller, Mary T. Watt, Muriel Lindsay, Helen F. Mutch, Frances Batey, and Ethel Graham.

A free Dispensary has been opened in the General Hospital, Calgary, by the Hospital Board.

Mrs. J. F. Rothwell, of Lethbridge, Alta., graduate of Medicine Hat General Hospital, has been accepted as a Red Cross Nurse, and reported at Toronto on May 10th. Her husband belongs to one of the Canadian contingents.

Manitoba

Miss S. J. Johnston, Assistant Superintendent of Brandon General Hospital, was called to service at the Front and left for Ottawa in April. We send of our best. Miss Mowat, also of the Hospital Staff, has gone too.

Miss Katie Whymbs,graduate of St. Boniface Hospital, class '10, has returned from New York, where she recently completed her post-graduate course.

Miss Blanche MacNeil has returned to the city to resume her duties as private duty nurse, after spending three months at her home in Aylesford, N.S.

Miss Barbara MacKinnon is spending a few weeks with her relatives in Oberon, Man. Miss MacKinnon is convalescing from a severe attack of pneumonia.

Miss C. McLellan is spending her vacation at her home.

Miss Jamieson, a St. Boniface graduate, class '14, and Miss McInnis, class '15, have been honored by being appointed to go to the Front.

Mrs. Thomas Montgomery (nee Tobin) has returned from New York, where she has been spending the past few months.

Miss Annie Starr, graduate of St. Boniface Hospital, class '06, and President of the St. Boniface Nurses' Alumnae Association, has been appointed Registrar at the Nurses' Residence, 753 Wolseley Ave., Winnipeg. Miss Starr has the best wishes of her classmates and sister nurses for every success in her new duties.

Ontario

Peterboro: The graduating exercises of the Nicholl's Hospital Training School for Nurses were held in the Conservatory Hall, on April 27th, 1915. The graduating class: Misses Marguerite H. Hamner, Lila C. Roberts, Edith G. B. Howson, Gertrude M. Fife, Effie A. Empey.

The Conservatory Hall, which was prettily decorated with flags and bunting for the occasion, was crowded with friends of the class, members of the Board of Trustees, and friends of the hospital, who followed with interest the proceedings and the splendid program of speeches and music.

Mr. John Crane and Dr. Hammond were the reception committee.

Rev. J. R. Wilson and Dr. N. H. Sutton gave most interesting addresses.

Miss E. A. Empey won the bandaging prize and Dr. A. E. Ham-

mond made the presentation, congratulating her upon her success in this important branch of the work. Miss Empey took 90 per cent. in her examinations. The evening finished with refreshments and dancing.

The Nicholl's Hospital Alumnae gave a banquet in honor of the three members who are leaving for service at the Front—Mrs. M. K. Douglas, Miss P. Roberts, Miss F. Smith. A pretty, convenient diary was presented to each. They will be followed by the good wishes and keen interest of those who must remain at home.

Miss Grace Burnham, graduate of class '98, is visiting Mrs. Halliday, after a long absence from Peterboro.

Miss Bradley, Fort William, left on April 12, 1915, for Ottawa, to join the nurses who are going to the Front.

The new Nurses' Home in connection with Oshawa General Hospital is in course of construction. This home will greatly add to the comfort of the nursing staff and also increase the bed capacity of the hospital.

On the evening of April 9th, previous to the departure of Miss Ina Grenville, graduate of Mack Training School for Nurses, St. Catharines, class '13, with the British Red Cross, the members of the Alumnae and pupil nurses assembled at the Nurses' Home and presented Miss Grenville with a portfolio, fountain pen, and camera. Miss Grenville and the other nurses for the British Red Cross embarked at St. John, N.B., on April 21st, on the Corsican.

Miss Maud Bowman, class '13, Mack Training School, has joined the St. John's Ambulance Corps, and left for the Front the middle of May.

On Monday, April 12th, St. Michael's Hospital Alumnae Association held their regular meeting at the clubhouse. The President, Miss Stubberfield, presided. Monday is the St. Michael's day for Red Cross supplies, so the nurses worked while they talked.

On Wednesday evening, April 14th, a banquet was given by the Sisters at St. Michael's Hospital, for their nurses who have joined the staff of the University Base Hospital. The hall was decorated with the flags of the Allies and was bright with light and flowers. Among the many guests were the Chaplains, who had attended to the spiritual welfare of the hospital during the last few years, and the Alumnae Association toasts were given, intermingled with patriotic songs.

Each nurse going overseas received a handsome prayer book, meditation book, and crucifix from the Sisters of the hospital. A most enjoyable evening was brought to a close by the singing of the National Anthem. On the following morning the holy sacrifice of the mass was offered in the hospital chapel at the request of the Alumnae Association, and was well attended.

The St. Michael's nurses of the University Base Hospital were again entertained by the Sisters of the hospital Tuesday evening, April 20th, when they had the pleasure of hearing a most instructive lecture by Dr. R. J. Dwyer on the "Origin and Character of the Present War." Dr. Dwyer referred at length to the ethics of the nursing profession, especially as applied to military nursing. Rev. Dr. Morissey was also present and gave a short address. Refreshments were served in the library, after which each nurse was presented with a fountain pen, suitably engraved, from the Alumnae Association.

On the following morning the holy sacrifice of the mass was offered for the nurses by His Grace Most Reverend Archbishop McNeil, in the hospital chapel. Many members of the Alumnae Association were also present.

Miss E. Drysdale, graduate of the Toronto Western Hospital, and nursing sister with the C.A.M.C., received a call to active service overseas, and is now at the Front. Miss Drysdale spent the winter with a patient at Beverly Hills, California, and was still there when she received the call.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held on Friday, April 16th, in the Nurses' Residence. Miss Jackson presided. There was a good attendance and all enjoyed the talk on "Nurses' Work," given by Dr. Wilson at the close of the business meeting.

Miss S. Jackson, graduate of the Toronto Western Hospital, is visiting the San Francisco and San Diego Expositions and cities en route to California.

A tea for the Toronto Western Hospital nurses on the staff of the University Base Hospital was given by the Alumnae Association of the Western Hospital, on Monday, April 26th, at 26 Rosebery Ave. Each nurse was presented with a sterling silver pencil from the Association.

Miss Tuckett (T.W.H.) has entered active service with the Canadian Red Cross and St. John's Ambulance Corps.

The following is the account of the work done by the Peterboro Chapter of the G.N.A.O., assisted by several married ladies, former members of the profession:

In September the members contributed cash to the local Red Cross Association to the amount of $40.25.

On March 17, through the kindness of the management of the Oriental Hotel, their tea room was placed at our disposal during afternoon and evening. Lunch was served, from which the sum of $56.50 was realized, which was turned over to the local Red Cross Association.

The Chapter provided the materials and made up 17 dozen hand-

kerchiefs and 744 yards gauze bandages, which also were handed over to the local Red Cross.

From materials provided by the Kitchener Club of Peterboro and local Red Cross Association we made up also the following supplies: 2,115 yards factory bandages, 1,815 yards flannelette bandages, 12 dozen large surgical dressings, 10 dozen small surgical dressings, 20 dozen compresses, and 56 dozen sponges.

The Graduate Nurses' Association of Thunder Bay District met on May 6, 1915, at McKellar Nurses' Home, the President, Mrs. Cook, in the chair.

Miss Graham continued "The Life of Florence Nightingale," by Sir Edward Cook. The subject, indeed, meets with great interest.

Miss Bradley, one of the members, left with the Overseas Expeditionary Force since our April meeting, and Miss Tumer Masseuse has gone to England to follow up her work and render service where most needed during this awful war.

The Association voted $50.00 for a cot in H.R.H. the Duchess of Connaught's Hospital at Clivedon, asking that the cot be inscribed, "From Graduate Nurses' Association, Thunder Bay District."

Kingston: The staff of No. 5 Stationary Hospital (Queen's University), which left Kingston, Wednesday, May 5, consisted of ten officers, seventy-six privates and N.C.O.'s and thirty-six nurses.

The Officers.—Lieut.-Col. Etherington, Lieut.-Col. W. G. Anglin, Major G. E. Kidd, Major W. T. Connell, Capt. S. M. Polson, Capt. W. H. Ballantyne, Capt. J. P. Quigley, Capt. E. B. Sparks, Capt. J. Wallace, Capt. G. A. Platt.

The nurses were Mrs. G. E. Kidd, Mrs. Kate Robinson, Misses Annie Baillie, Grace Hiscock, Bertha M. Webber, Hattie Brydon, Hazel McLeod, Lillian Pugh, Martha Stewart, Maud Aberneathy, Nellie Christie, Ruby Cornett, Marion Stevens, all of Kingston; Mrs. Mabel K. Douglas, Peterboro; Miss Agnes Lane, Prescott; Miss Robertine Thompson, Miss Hattie Steacy, Miss Mary Hambly, Miss Minnie McBride, Belleville; Miss Senora Herrington, Napanee; Miss Lora McCammon, Miss Bertha Rowe, Brockville; Miss Myrtle McMillan, Port Hope; Miss M. Bonter, Trenton; Miss K. Hastey, Miss F. Ellwood, Miss E. Finlayson, Miss Etta Sparks, Miss H. Kinnear, Ottawa; Miss Pansy Roberts, Welcome; Miss A. Watkins, Toronto; Miss Armstrong, Miss McNachten, Cobourg.

Of this list twelve are K. G. H. Graduates—Mrs. Kidd and Misses Baillie, Webber, Brydon, McLeod, Stewart, Christie, Cornett, Stevens, Lane, Bonter, Armstrong.

The K. G. H. Alumnae and Chapter have spent a great deal of time working for Queen's University Hospital. They collected and

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Fig. 1 Fig. 2 Fig. 3

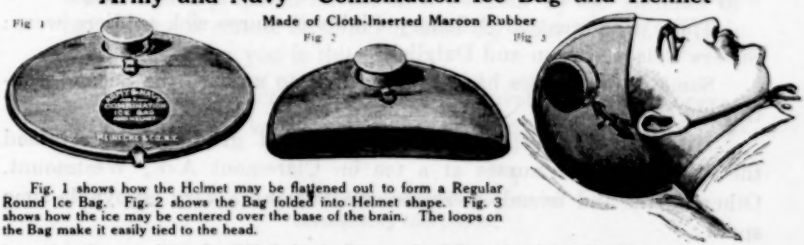

Fig. 1 shows how the Helmet may be flattened out to form a Regular Round Ice Bag. Fig. 2 shows the Bag folded into Helmet shape. Fig. 3 shows how the ice may be centered over the base of the brain. The loops on the Bag make it easily tied to the head.

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The twenty-seventh Annual Commencement Exercises of K. G. H. Training School for Nurses was held in Grant Hall, Friday evening, May 7, at 8 o'clock. There was a delightful musical programme, besides an address by Dr. R. W. Bruce Smith. The Hospital emblem pins were presented to the graduating class by Mrs. Geo. Nicol and Mrs. H. D. Bikky. Miss Stewart and Miss Lane, two Overseas nurses, were the medalists of this year's class.

Quebec

The annual meeting of the Montreal General Hospital Alumnae Association was held in the Nurses' Home on April 9th, 1915. The following officers were appointed for the ensuing year:

President, Miss Colley; First Vice-President, Miss Z. Young; Second Vice-President, Miss H. Dunlop; Corresponding Secretary, Miss E. A. Munroe; Recording Secretary, Miss F. Strumm; Treasurer, Miss A. Ketchen; Registrar, Miss P. Belknap.

An At Home was held in the drawing room of the Nurses' Home on April 19th, by the Alumnae Association of M.G.H., in honor of the nurses leaving for the Front with No. 3 McGill General Hospital.

The nurses were attired in their military uniforms, which imbued the occasion with the military spirit. The names of the M. G. H. nurses going with the McGill unit are as follows: B. Armitage, E. P. Babbitt, H. E. Carman, M. B. Clark, A. M. Cooper, I. M. Davies, G. DeCou, L. Dickie, Duncan, M. E. Engelke, M. Fortesque, Gourlay, C. Gass, E. J. Giffen, L Gilles, L. Gray, Hoerner, E. D. Handcock, R. Loggie, M. McDermot, L. McGreer, L. McLeod, C. A. McLeod, Mann, Morewood, McConnell, McNaughton, Muir, Ross, V. E. Sampson, M. Stevens, C. Stuart, A. Tate, C. M. Watling, E. Watters, and E. M. Whitney.

Other nurses who have gone to the Front with the First Contingent were: Sisters Tremain, Pelltier, Galt, Webb, Strathy, and Massy.

Those who went to Salisbury Plains to nurse sick soldiers were: Sisters Nelson, Upton and Dalglish.

Some of our nurses have been notified to go with the Second Contingent.

Misses Macfarlane, Day and Barry, M.G.H. graduates, entertained the M.G.H. McGill nurses at a tea on Claremont Ave., Westmount. Other nurses and friends were also invited and a very enjoyable time spent.

Miss M. V. Young has taken charge of the Convalescent Soldiers' Ward in the M.G.H., which is the military hospital of the city. Over one hundred soldiers are being cared for there at present.

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Miss Wyman, who has spent the past six months with a patient in Florida, has returned to her home at Fitch Bay, Que., for a rest.

A voluntary nurses' aid has been organized under the auspices of the Khaki League. They have made for the accommodation of soldiers invalided home from the Front a Convalescent Home of 70 beds at 46 Belmont Park, which was formally opened on April 21st, 1915, by His Royal Highness the Duke of Connaught, who was accompanied by the Duchess and Princess Patricia.

The Vice-Regal party were received at the door of the home by the officers, and passed through the hall, inspecting the nurses, who were lined up on one side dressed in their distinctive uniforms of khaki linen, with white aprons and caps, all wearing the Red Cross; and the St. John's Ambulance Brigade (Angus Shops Division) and First Aid Workers on the other, all of whom have volunteered their services.

This is the first of its kind being organized in Canada with a staff of voluntary workers. Several summer homes in the country have been offered for the accommodation of wounded and sick, convalescent soldiers, and shall no doubt be all needed. The workers consist of graduate nurses and first aid. Among them we are glad to see M. G. H. graduates, whose numbers we are sure will be largely increased in the near future. Some are unavoidably detained from doing overseas nursing owing to family ties.

The names of those at time of organizing are: Commandant, Mrs. J. A. Henderson; Heads of Divisions, Miss G. H. Colley and Miss H. Dunlop. Other Graduates—Misses A. Bullock, P. Belknap, M. J. Barry, J. Brown, W. Caldwell, A. Jamieson, M. Armstrong, M. MacDougall, M. Macfarlane, J. Meigs, L. Stewart, L. M. Terrill, K. M. Wilson.

The Alumnae Association of the R. V. H., Montreal, decided that this year, instead of giving the usual dinner to the graduating class, they would devote the money to sending a volunteer nurse to France. They, however, held an informal reception on Wednesday evening, the 7th of April, for the graduating class and also for the nurses who go with the McGill Hospital to the Front. The latter appeared in their uniforms, which are most becoming and serviceable. There were a number of the old graduates present and a most enjoyable evening was spent. The most of the program, consisting of music and recitations, was contributed by the graduating class themselves, and Miss Lindsay, class of '98, gave a very interesting talk about her work at Neuilly, where she was a volunteer nurse in an American hospital for five months after the outbreak of war. She returns to France with the McGill Hospital. Refreshments were served during the evening. The

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nurse who is being sent by the Alumnae Association is Miss Kidd, one of this year's class. She goes with twenty other volunteers to La Panne. They expect to leave early in May. The Alumnae Association feel very sure they will be extremely proud of their representative at the Front.

The graduating exercises of the Training School of the R. V. H., Montreal, took place on Monday, April 12th, when thirty-one nurses received their diplomas. Mrs. James Bell presented them. Mr. Meredith, President of the Board of Governors, was chairman. Col. Birkett, head of the McGill Hospital, gave an interesting address on the work of the Medical Corps at the Front, showing diagrams of the different hospitals through which the wounded pass from the firing line to the base hospital, and the means of transporting them. After the address refreshments were served in the dining room.

It is with great regret that we announce the death of Miss Kingan, one of the oldest and most faithful members of the Alumnae Association of the R. V. H., Montreal. She was only ill a few days with pneumonia. She will be much missed in the hospital, where she did private nursing, and in the meetings of the Association.

At the Graduating Exercises of the Woman's Hospital, Montreal, three nurses—Mrs. C. Jones, Miss E. Heggie, and Miss Roth—received diplomas and medals. The medals were presented by Mrs. Reddy and the diplomas by the Matron, Miss Trench. Addresses were given by Dr. H. L. Reddy and Dr. Burnett. A musical program was then enjoyed, after which refreshments were served.

New Brunswick

The annual meeting of the St. John General Public Hospital Alumnae was held at Miss Hegan's Private Hospital, on Monday, April 5th. The following officers were elected:

President, Miss E. J. Mitchell; 1st Vice-President, Miss Nellie Graham; 2nd Vice-President, Miss Ella Tait; Treasurer, Miss K. A. Holt; Recording Secretary, Mrs. A. O. Burnham; Corresponding Secretary, Miss A. A. Burns.

The Alumnae purposes meeting once a week to make dressings, towels, etc., for Dr. MacLaren's Hospital, in France.

Several of our graduates are on his staff at present and probably more will follow very soon.

The Annual Commencement of the Farrand Training School for Nurses, Harper Hospital, Detroit, Mich., was held on the evening of April 21, 1915, at the Wayne County Medical Society Auditorium. A reception followed the exercises.

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The Canadian National Association of Trained Nurses.—President, Miss S. P. Wright, Vancouver, B.C.; Secretary, Miss Jean I. Gunn, Toronto General Hospital.

The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association. President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Miss Martin, 346 Victoria Ave.

The Ottawa Graduate Nurses' Association.—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. M. Douglas; Cor. Sec., Miss L. M. Kopkings, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Laidlaw; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

The London Victoria Hospital Alumnae Association.—President, Miss Gilchrist; Secretary, Miss McIntosh, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

The Manitoba Association of Graduate Nurses.—President, Mrs. Moody; Secretary, Mrs. Willard J. Hill, 360 Oakwood Ave., Winnipeg.

The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Mrs. Stanley; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Mrs. Parnall; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 295 Sherbourne St.

The Toronto General Hospital Alumnae Association.—President, Miss Janet Neilson; Cor. Sec., Mrs. N. Aubin, 505 Sherbourne Street.

The Toronto Grace Hospital Alumnae Association.—President, Miss L. Smith; Secretary, Miss M. E. Henderson, 552 Bathurst St.

The Toronto Graduate Nurses' Club.—President, Mrs. Struthers, 558 Bathurst St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Lela Teeter; Cor. Sec., Miss C. Cameron, 137 Macpherson Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss McNeill; Secretary, Miss Annie Day, 86 Maitland St.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Stubberfield; Secretary, Miss Foy, 163 Concord Avenue.

The Toronto Western Hospital Alumnae Association.—President, Miss S. B. Jackson; Cor. Sec., Miss Lena Davis, Hospital for Insane, Queen St. W.

The Winnipeg General Hospital Alumnae Association.—President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.

The Vancouver Graduate Nurses' Association.—President, Miss C. C. Trew; Secretary, Miss Ruth Judge, 811 Thurlow St.

The Vancouver General Hospital Alumnae Association.—President, Miss Ruth Judge; Secretary, Miss H. Mackay, 3476 Powell St.

The Victoria Trained Nurses' Club.—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.

The Florence Nightingale Association, Toronto.—President, Miss I. F. Pringle; Secretary, Miss J. C. Wardell, 113 Delaware Ave.

Nicholl's Hospital Alumnae Association, Peterboro.—President, Miss Ferguson; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.

The Canadian Public School Nurses' Association.—President, Miss E. J. Jamieson; Secretary, Miss Miss M. E. Misner, 16 Ulster St., Toronto.

The Graduate Nurses' Association of Thunder Bay.—President, Mrs. J. W. Cook; Secretary, Miss L. Regan, St. Joseph's Hospital, Port Arthur, Ont.

The Medicine Hat Association of Graduate Nurses.—President, Miss V. L. Winslow; Secretary, Miss Ford, General Hospital, Medicine Hat, Alta.

The Alumnae Association of Ottawa General Hospital.—President, Miss Margaret Brankin; Secretary, Miss P. Redmond, 125 Nicholas St.

The Graduate Nurses' Association of Berlin and Waterloo.—President, Mrs. E. C. Pieper; Secretary, Miss Elsie Masters, 27 Ellen St. E., Berlin, Ont.

The Graduate Nurses' Association of Sarnia.—President, Miss Douglas; Secretary, Miss Parry.

The Eastern Townships Graduate Nurses' Association.—President, Miss Orford; Secretary, Miss Helen Hetherington, 29 Queen St., Sherbrooke, Que.

Newfoundland Graduate Nurses' Association.—President, Miss Southcott; Secretary, Miss Borden, General Hospital, St. John's.

New Brunswick Graduate Nurses' Association—President, Mrs. M. Armstrong; Cor. Secretary, Miss K. Holt.

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